

March 3, 2000

Refer to:
MB:CF
IA WA 0242.90.R1.03

Jessie K. Rasmussen, Director
Department of Human Services
Hoover State Office Building, 5th Floor
Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request for amendment of the Iowa Medicaid home and community-based services (HCBS) waiver for persons with mental retardation (MR) who would otherwise require care in an institution is approved. The waiver amendment has been assigned control number 0242.90.R1.03 which should be used in any subsequent correspondence.

Specifically, the amendment increases the number of waiver slots available for individuals served by Iowa's HCBS MR waiver program by 190 in waiver year one.

Based on the assurances provided in your original and renewal requests and additional information supplied, we have concluded that the request conforms to the requirements of the Medicaid statute and regulations. Therefore, I approve the request for amendment of the waiver cited above effective March 1, 2000.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
Year 1 (07/01/99-06/30/00)	6199		\$17,888	\$110,888,245
Year 2 (07/01/00-06/30/01)	7439		\$18,782	\$139,718,989
Year 3 (07/01/01-06/30/02)	8927		\$19,722	\$176,046,083
Year 4 (07/01/02-06/30/03)	10712		\$20,708	\$221,817,905
Year 5 (07/01/03-06/30/04)	12854		\$21,743	\$279,490,737

If you should have any questions please contact Carol Borys at (816) 426-3406.

Sincerely,

Joe Tilghman
Regional Administrator

cc: Dennis Headlee
Carol Borys

bcc:
HCBS Waiver Team
Mary Jean Duckett
Luce
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